

KENYA BUREAU OF HALAL CERTIFICATION



Village Plaza, Block A, Suite A2, Ngara Road.
P.O. Box 39445-00623 Nairobi, Kenya

Email: info@kbhc.info

Tel: +254 20 3748770/1
Fax: +254 20 3748774

APPLICATION TO USE KBHC'S HALAL LICENCE / CERTIFICATE: CATERING KITCHEN (HOSPITAL)

1. Business Name In Full: _____
2. Business Status (Partnership/Ltd etc): _____
3. Registration No.: _____
4. Trading Name (if different from above): _____
5. Postal Address: _____
Postal Code: _____
6. Physical Address: _____

7. Tel: _____ 8. Fax: _____ Country: _____
9. Mobile Phone No. _____ 10. E-Mail: _____ 11. Pin No. _____
12. Is this a dedicated catering facility or is it shared with other food preparation areas? _____

13. If its an existing facility, are there any Muslim staff already employed? (*How many?*) _____
14. Full description of food prepared / processed at your premises: (*Please attach copy of menu*)

15. Are there any 'ready items' bought in e.g. bakery, confectionery etc. Please provide full list together with supplier details.
16. Please provide a complete list of ingredients/raw materials used, together with supplier / manufacturer details. Please attach raw material inventory list. Full disclosures must be made of both raw materials e.g. meat, meat-products, spices, seasonings, condiments, cooking aids, oils etc and ready products e.g. desserts, baked goods, finger foods, confectionery etc.



I / We understand that by virtue of this application, I / We accept liability of the reasonable travel and administration costs of a preliminary inspection by **KBHC**. (*Please Note: Preliminary inspection fees are non-refundable and not a guarantee of certification.*)

I / We understand that by virtue of this application I / We duly authorize **KBHC** where necessary and in their sole discretion to approach other recognized Muslim Authorities or any supplier or manufacturer of any equipment or other peripherals used by the applicant to verify its conformity with Halal standards set by **KBHC**.

Name: _____

Position: _____

Signed: _____ Date: _____

For and on behalf of:

Kindly endorse with company rubber stamp:

Please return the completed application form together with your *non-refundable* application fee of Kshs. 1,160/= to:

**Kenya Bureau of Halal Certification,
P. O. Box 39445 -00623 Nairobi, Kenya.**

* **Strictly Confidential:**

KBHC, undertakes to treat all information supplied by or obtained from the application in respect of its processes, trade secrets, prices and operations in the strictest confidence and will not divulge such information for the benefit of any other person or company.

